

# KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT COMMUNITY-BASED PRIMARY CARE CLINIC PROGRAM

## QUARTERLY STATISTICAL PROGRESS REPORT

### 1. Grantee/Clinic Name:

Report changes in key management or provider staff:

### TOTAL COUNT OF CLINIC USERS

**TABLE 1**

COUNT ONLY ONCE EACH GRANT YEAR  
(if possible)

### NUMBER OF CLINIC VISITS (ENCOUNTERS) BY AGE and SEX

**TABLE 2**

AGE GROUP	MALE VISITS	FEMALE VISITS	TOTAL VISITS
< 1 year			
age 1-4			
Age 5-14			
Age 15-19			
Age 20-44			
Age 45-64			
Age 65+			
<b>TOTAL</b>			

### 2. Mark Reporting Period:

- |                                      |                    |                       |
|--------------------------------------|--------------------|-----------------------|
| <input type="checkbox"/> 1st Quarter | from 7/1 to 9/30   | Report Due October 15 |
| <input type="checkbox"/> 2nd Quarter | from 10/1 to 12/31 | Report Due January 15 |
| <input type="checkbox"/> 3rd Quarter | from 1/1 to 3/31   | Report Due April 15   |
| <input type="checkbox"/> 4th Quarter | from 4/1to 6/30    | Report Due July 15    |

### 3. Grant Title:

Community-Based Primary Care Clinic Program

### NUMBER OF VISITS (ENCOUNTERS) BY PAYMENT SOURCE TABLE 3

PAYMENT SOURCE	NUMBER OF VISITS	TOTAL CHARGES	TOTAL CLIENT REVENUE RECEIVED
Self-Pay/ Uninsured			
Medicaid			
HealthWave			
Medicare			
Other Insurance			
<b>TOTAL</b>			

### NUMBER OF UNINSURED VISITS BY POVERTY LEVEL

**TABLE 4**

POVERTY LEVEL	VISITS
BELOW 100% Federal Poverty Level	
Between 101 and 150% of Poverty Level	
Between 151 and 200% of Poverty Level	
Greater than 200 % of Poverty Level	
<b>TOTAL</b>	

Mail to: **Gordon Foster**  
**KDHE Internal Management**  
**1000 SW Jackson, Suite 570**  
**Topeka KS 66612-1368**

Voice (785) 296-1524 Fax: (785) 296-8465

E-mail: [gfooster@kdhe.state.ks.us](mailto:gfooster@kdhe.state.ks.us)

### Contact person for Program:

Barbara Gibson, Primary Care Office Director  
KDHE Office of Local & Rural Health  
E-mail: [bgibson@kdhe.state.ks.us](mailto:bgibson@kdhe.state.ks.us)  
Phone (785) 296-1200

# KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT COMMUNITY-BASED PRIMARY CARE CLINIC PROGRAM

## QUARTERLY AFFIDAVIT OF EXPENDITURES

<b>1 GRANTEE/ or CLINIC NAME:</b>	<b>2. Mark Reporting Period:</b>
	<input type="checkbox"/> <b>1st Quarter</b> from 7/1-to 9/30 <i>Report Due October 15</i>
	<input type="checkbox"/> <b>2nd Quarter</b> from 10/1 to 12/31 <i>Report Due January 15</i>
	<input type="checkbox"/> <b>3rd Quarter</b> from 1/1 to 3/31 <i>Report Due April 15</i>
	<input type="checkbox"/> <b>4th Quarter</b> from 4/1to 6/30 <i>Report Due July 15</i>
<b>3. Grant Title: Community-Based Primary Care Clinic Program</b>	

Expenditure Classification	Local Match Amount	Grant Amount	Total Amount
<b>4 Staff Personnel - Salaries and Benefits</b>			
Health Professionals	By Job title and Name		
Clerical			
Administrative			
<b>Total Staff Personnel Salaries</b>			

5 Contract Personnel	Local Match Amount	Grant Amount	Total Amount
Health Professionals	Title and Name		
<b>Total Contract Personnel Salaries</b>			

**COMMUNITY-BASED PRIMARY CARE CLINIC PROGRAM****QUARTERLY AFFIDAVIT OF EXPENDITURES**

Expenditure Classification		Local Match Amount	Grant Amount	Total Amount
<b>6 Health Services</b>				
Laboratory				
X-Ray/Radiology				
Pharmacy				
Dental				
Optometric				
<i>Total Health Services</i>				
<b>7 Travel</b>				
<i>Total Travel</i>				
<b>8 Supplies Pharmaceuticals:</b>				
Laboratory Supplies				
Other Medical Supplies				
Office/Clerical Supplies				
<i>Total Supplies</i>				
<b>9 Capital Equipment:</b>	(Itemize and attach a copy of the invoice: include			
<i>Total Capital Equipment</i>				
<b>10 Other Direct Costs (List each item and cost)</b>				
<i>Total Other</i>				
<b>11 TOTAL (add subtotals 4 through 10)</b>				

Amounts above are in agreement with official accounting records. Individual employee time reports are recorded and on file documenting hours and salaries charged to this grant.

Authorized Signature: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Date \_\_\_\_\_

Phone: \_\_\_\_\_